MAR 0 8		. no person	U.S. s are required to respond to a c	. Patent and T	PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 rademark Office; U.S. DEPARTMENT OF COMMERCE formation unless it displays a valid OMB control number.
			Application Number	10/056,41	
ĨĤ	RANSMITTAL		Filing Date	Janaury 2	2, 2002
	FORM		First Named Inventor	CAMPBEL	L, Todd
			Art Unit	3731	
(to be used fo	r all correspondence after initial	filina)	Examiner Name	NGUYEN,	Vi X.
	of Pages in This Submission	miny)	Attorney Docket Number	PA895	
Total Number 6	or rages in This Submission		<u> </u>		
		ENC	LOSURES (Check a	ll that apply	<u></u>
Amendar Extension Express Informat Certified Docume Reply to Incomple	ree Attached ree Attached rent/Reply After Final Affidavits/declaration(s) on of Time Request Abandonment Request ion Disclosure Statement Copy of Priority ont(s) Missing Parts/ ete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s)	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard
	SIGNA	TURE C	OF APPLICANT, ATT	ORNEY C	DR AGENT
Firm Name	Medtronic Vascular/Inc.	N A	10	J. 1142 1, C	
Signature	FINN		1//		
Printed name	Alan M. Krubiner				
Date	February 28, 2005			Reg. No.	26,289

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Date

February 28, 2005

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Fees pursuant to the Consolidated Appropriate Act. 2005 (H.R. 4818) Complete if Known AR 0 7 2005 FEE TRANSMITTAL **Application Number** 10/056,418 Filing Date January 22, 2002 For FY 2005 First Named Inventor CAMPBELL, Todd Art Unit 3731 Applicant caims small entity status. See 37 CFR 1.27 **Examiner Name** NGUYEN, Vi X. TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket Number

METHOD OF PAY	MENT (chec	k all that apply)	· · ·				-	
Check	_ Credit Ca	ard Mon	ey Order	None _	Other (plea	se identify):		
<u>X</u> Deposit Account Deposit Account Number: <u>01-2525</u> Deposit Account Name: <u>Medtronic Vascular, Inc.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indi	cated below			Charge fee(s	s) indicated belov	v, except fo	r the fi	ling fee
X Charge any addition under 37 C	onal fee(s) or u FR 1.16 and 1		ee(s)	X Credit any ove	erpayments			
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FEE CALCULAT	ION							
1. BASIC FILING	G, SEARCH	I, AND EXAMI	NATION FE	ES				
Application Type	FILING Fee (\$)	FEES Small Entity Fee (\$)	SEARCH Fee (\$)	FEES Small Entity Fee (\$)	EXAM. <u>Fee (\$)</u>	FEES Small Er Fee (\$		Fees Paid (4)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue Provisional	300 200	150 100	500 0	250 0	600 0	300 0		
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2. EXCESS CLA Fee Description Each claim over 20 Each independent of Multiple dependent	or, for Reissu laim over 3 o					Fee (50 satent 200 360	<u>(\$)</u>	Small Entity Fee (\$) 25 100 180
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3. APPLICATIO If the specification an sheets or fraction the	d drawings ex	ceed 100 sheets of			e is \$250 (\$125 fo	or small enti	ty) for e	each additional 50
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4. OTHER FEE(S)						<u>Fe</u>	ee Paid (\$)
Non-English Specific	ation, \$130 fee	e (no small entity di	scount)					
Other: <u>Information</u>	n Disclosure S	tatement						\$180.00
SUBMITTED BY	11	0/:						
Signature		11/1/1/1		Registration No. (Attorney/Agent)	26,289	Telephor	ne	707.543.5021
Name (Print/Type)	Alan M. Kru	binel		(, morriojii igorii)		Date	Febi	ruary 28, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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Ву:	\sim	<u> </u>	 	
	Kimberly Me	vin		

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

10/056,418

Confirmation No.:

8065

Applicant

CAMPBELL, Todd

Filed :

January 22, 2002

TC/A.U.

3731

Examiner

NGUYEN, Vi X.

Docket No. Customer No.

PA895 28390

Title

Stent Assembly With Therapeutic Agent Exterior Banding

INFORMATION DISCLOSURE STATEMENT UNDER RULE 1.56

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant(s) herein make available to the Patent and Trademark Office a copy of Form PTO-1449. This Information Disclosure Statement is being filed in accordance under 37 CFR 1.97(c) After the periods specified in 37 CFR 1.97(b), but before the mailing date of either: (1) a final action under § 1.113 or (2) a notice of allowance under § 1.311, whichever occurs first. The Commissioner is hereby authorized to charge any additional fees which may be required under 37 C.F.R. 1.17, or credit any overpayment, to Deposit Account No. 01-2525.

The listed documents are brought to the Examiner's attention because they are known to the applicant and/or the applicant's attorney and may be considered by the Examiner to be material to his/her examination. This listing should not be construed as representation that a search has been made or that no better art exists. No inference should be made that the documents are in fact material merely because they are referenced herein. Moreover, no representation is made that any brief descriptions of the references herein necessarily describe the most material aspects of the references. Further, by this listing, the applicant is not making any admission regarding the relative dates of the invention and listed disclosures.

The Examiner is requested to consider carefully the complete text of these documents in connection with the examination of the above-identified application in accordance with 37 CFR 1.104(a). It is requested that the documents listed on the attached Form PTO-1449 be included in the "References Cited" portion of any patent issuing from this application (M.P.E.P. 1302.12), and that the Examiner initial and return a copy of the form to evidence consideration of the documents.

Dated: February 28, 2005

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Respectfully submitt

Registration No. 26,289 Attorney for Applicant

Medtronic Vascular, Inc. 3576 Unocal Place Santa Rosa, Ca 95403 Fax No.: (707) 543-5420

PTO/SB/08A (08-03)

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Substitute for form 1449/PTO

Sheet 1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known				
Application Number	10/056,418			
Filing Date	January 22, 2002			
First Named Inventor	CAMPBELL, Todd			
Art Unit	3731			
Examiner Name	NGUYEN, Vi X			
Attorney Docket Number	PA895			

			U. S. PATENT	DOCUMENTS		
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	AA	US- 4,739,762	04/26/1988	Palmaz		
	AB	^{US-} 4,950,227	08/21/1990	Savin et al.		
	AC	^{US-} 5,133,732	07/28/1992	Wiktor		
		^{US-} 5,292,331	03/08/1994	Boneau		
	AD		03/06/1994			
_	AE	US- 5,383,928		Scott et al.		
	AF	^{US-} 5,421,955	06/06/1995	Lau et al.		
	AG	^{US-} 5,628,784	05/13/1997	Strecker		
	AH	^{US-} 5,674,242	10/07/1997	Phan et al.		
	ΑI	^{US-} 5,779,732	07/14/1998	Amundson		
	AJ	^{US-} 5,836,965	11/17/1998	Jendersee et al.		
	AK	^{US-} 6,019,789	02/01/2000	Dinh et al.		
	AL	^{US-} 6,090,127	07/18/2000	Globerman		
-	AM	^{US-} 6,159,229	12/12/2000	Jendersee et al.		
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		FOREIGN	PATENT DOCU	JMENTS		
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (# known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T⁵
	AN	WO 00/12147	03/09/2000	SciMed Life		

Examiner	Date	
Signature	Considered	
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